Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS A			S FILED - (Column		(Column 2)		SMALI TYPE	SMALL ENTITY TYPE		OR	OTHER SMALL	
TOTAL CLAIMS							RAT	Ē	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20= *		*32		X\$ 9)=	2500	OR	X\$18=	
INDEPENDENT CLAIMS			// minus 3 = * 8		* 8 <u> </u>		X40	= }	320.00	1	X80=	,
MULTIPLE DEPENDENT CLAIM P			RESENT				+135	i=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			TOTA	۸L		OR	TOTAL		
	C	LAIMS AS A (Column 1)	AMENDED - PART II (Column 2) (Column			(Column 3)	SMA	LLI	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT	RAT	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIN]=	X40	=		OR	X80=	
L	FINOT FRESE	NIATION OF W	OLTIFLE DEI	ENDEN	CLAIN		+135	=		OR	+270=	
							TO ADDIT. F	TAL EE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CL AINA	=	X40:			OR	X80=	
<u> </u>	FINOT PRESE	NTATION OF IM	OLITPLE DEF	ENDEN	CLAIM		+135	=		OR	+270=	
										OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	ADDIT. F				ADDI1.1 EE	·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	* NTATION OF M	Minus ULTIPLE DE	*** PENDEN	T CLAIM		X40=			OR	X80=	
	1			LITULIA	, OLIMI		+135	_		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR.	TOTAL	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

NOTICE OF FEE DUE

		li t	a she we will be	
DATE	07-28-04	A	UG 0 2 2004	
TO:	DAC	Cii	See Can A de 19 130	
FROM:	Office of Initial Patent Exan	nination		
SUBJECT:	Fee Due	• •	•	
APPLICAT	TON NUMBER: 09	75176		
* #	<u>;</u>			
authorizatio	ne following reason. Please on to charge a deposit account appropriate fee. If an authorizations.	. If an authorizati	on is present, please	f
	•		•	
Insuffici	ent fee by check		·	
,	ent funds in deposit account	·	. .	
B Non auth	norization for charge to depos	it account	•	
□ No fee s	ubmitted per requirement		·	
The correct	fee code: 1453	amount	\$ / 370.	
The suspend	led fee code: 1999	amount	-\$ 1300	
Fee Due		amount	=\$ 30-	_
	ny questions, please contact (z at 703-308-3642.	Cynthia Streater a	: 703-306-5430 or	
Terminal Op	erator Balina	~		